## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

29490

APPLICATION NO.

10/568,367

nonprovisional

IMMUNE SYSTEM DISORDERS APPLN, TYPE

7590

GENOMICS INSTITUTE OF THE

SAN DIEGO, CA 92121-1127

EXAMINER

RAO, DEEPAK R

NOVARTIS RESEARCH FOUNDATION 10675 JOHN JAY HOPKINS DRIVE, SUITE E225

10/04/2010

FILING DATE

08/18/2006

SMALL ENTITY

NO

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

PREV. PAID ISSUE FEE

\$0

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

ATTORNEY DOCKET NO.

PAT032910B-US-PCT

TOTAL FEE(S) DUE

\$1810

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

1 Emily Tongco Wu

Genomics Institute of the

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sulficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEB address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

> (Depositor's name (Signature

CONFIRMATION NO.

2344

DATE DUE

01/04/2011

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or EFEE ADDRESS' for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FIRST NAMED INVENTOR

Carlos Garcia-Echeverria

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

514-227500

or agents OR, alternatively,

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys

(2) the name of a single firm (having as a member a

TITLE OF INVENTION: 2, 4-PYRIMIDINEDIAMINES USEFUL IN THE TREATMENT OF NEOPLASTIC DISEASES, INFLAMMATORY AND

ISSUE FEE DUE

\$1510

ART UNIT

1624

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) in failte or a single tithin that it is a a inclinior is registered action and the names of up to 2 registered patient altorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON	THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO	data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Novartis AG	Basel, Switzerland
IRM LLC	Hamilton, Bermuda
Please check the appropriate assignee category or categories (will not be pr	inted on the patent): 🔲 Individual 🏙 Corporation or other private group entity 🖵 Government
4a. The following fee(s) are submitted:  2i Issue Fee 2i Publication Fee (No small entity discount permitted)  2i Advance Order - # of Copies	o. Payment of Fee(s): (Pleuse first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment. to Depoid Account Number 30-1885 (enclose an extra copy of this form).
<ol> <li>Change in Entity Status (from status indicated above)</li> <li>a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.</li> </ol>	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.	
Authorized Signature /Emily Tongco Wu, Reg Typed or printed name Emily Tongco Wu	. No. 46,473/ <sub>Date</sub> January 4, 2011  Registration No. 46,473
This collection of information is required by 37 CFR 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is sporeword by \$5 USC 122 and \$7 CFR 14. This collection is estimated to take 12 minutes to complete, including gathering, perpending, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commencion on the minute of time, you require to complete this form and/or varyegestons, for reducing this burdon, should be sent to the chief information Officer U.S. Patest and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FIES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033